

**Certification - Reporting Carrier
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	170170
<015>	Study Area Name	VERIZON N-PA (CONTEL)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Alan J. Buzacott
<035>	Contact Telephone Number - Number of person identified in data line <030>	2025152595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: VERIZON N-PA (CONTEL)	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/26/2014
Printed name of Authorized Officer: Robert Mutzenback	
Title or position of Authorized Officer: Assistant Controller	
Telephone number of Authorized Officer: 9085593924 ext.	
Study Area Code of Reporting Carrier: 170170	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0833
July 2013

<010> Study Area Code	170170
<015> Study Area Name	VERIZON N-PA(CONTEL)
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Alan J. Buzacott
<035> Contact Telephone Number - Number of person identified in data line <030>	2025152595 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	170170
<015>	Study Area Name	VERIZON N-PA (CONTEL)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Alan J. Buzacott
<035>	Contact Telephone Number - Number of person identified in data line <030>	2025152595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com
<220>		

<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
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[illegible]

REDACTED FOR PUBLIC INSPECTION

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	170170
<015>	Study Area Name	VERIZON N-PA (CONTEL)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Alan J. Buzacott
<035>	Contact Telephone Number - Number of person identified in data line <030>	2025152595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

[illegible]

REDACTED FOR PUBLIC INSPECTION

(710) Broadband Price Offerings Data Collection Form FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	170170
<015>	Study Area Name	VERIZON N-PA(CONTEL)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Alan J. Buzacott
<035>	Contact Telephone Number - Number of person identified in data line <030>	2025152595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com

[illegible]

REDACTED FOR PUBLIC INSPECTION

(800) Operating Companies**Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	170170
<015>	Study Area Name	VERIZON N-PA(CONTEL)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Alan J. Buzacott
<035>	Contact Telephone Number - Number of person identified in data line <030>	2025152595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com
<810>	Reporting Carrier	Verizon North LLC
<811>	Holding Company	
<812>	Operating Company	Verizon North LLC

<813>	<a1>	<a2>	<a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
	Verizon New England Inc.	115112	Verizon
	Verizon New England Inc.	585114	Verizon
	Verizon New York Inc.	155130	Verizon
	Verizon New Jersey Inc.	165120	Verizon
	Verizon Pennsylvania LLC	175000	Verizon
	Verizon North LLC	170169	Verizon
	Verizon North LLC	170170	Verizon
	Verizon North LLC	170201	Verizon
	Verizon Maryland LLC	185030	Verizon
	Verizon Virginia LLC	195040	Verizon
	Verizon Florida LLC	210328	Verizon
	Verizon Delaware LLC	565010	Verizon
	Verizon Washington D.C. Inc.	575020	Verizon
	Verizon California Inc.	542319	Verizon
	Verizon California Inc.	542302	Verizon
	GTE Southwest d/b/a Verizon Southwest	442080	Verizon
	GTE Southwest d/b/a Verizon Southwest	442154	Verizon
	Verizon South Inc.	190233	Verizon
	Verizon South Inc.	190479	Verizon
	Verizon South Inc.	230864	Verizon
	MCImetro Access Transmission Services LLC	449007	Verizon
	RSA 7 Limited Partnership	359070	Verizon
	Iowa 8 Monona Limited Partnership	359071	Verizon

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

OMB Control No. 3060-0985/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	170170
<015>	Study Area Name	VERIZON N-PA (CONTEL)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Alan J. Buzacott
<035>	Contact Telephone Number - Number of person identified in data line <030>	2025152595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com

<810>	Reporting Carrier	Verizon North LLC
<811>	Holding Company	
<812>	Operating Company	Verizon North LLC

[illegible]

Verizon works to satisfy all service requests, but not every initiated order is ultimately fulfilled. There are occasions when broadband service cannot be installed at the requesting address location due to reasons such as distance, capacity, and equipment incompatibility. In those cases, Verizon will review whether it can provide broadband service from other access points or utilize available equipment. If Verizon's review is unsuccessful, then the order is cancelled and the customer is notified.

Date: 6/17/2014

Name of companies covered by this Certification: Contel Pennsylvania

I, Timothy Smith, certify that I am an officer of each of the Verizon entities listed above and, acting as an agent of these companies. Verizon has established operating procedures designed to comply with applicable consumer protection rules. Verizon is subject to service quality requirements in many states and complies with their related duties, which, depending on the state, may include periodic performance reporting, the implementation of improvement plans and monetary payments if the reported performance does not meet applicable standards.

Name of signatory: Timothy Smith

Title of signatory: Region President, Pennsylvania/Delaware

Date: 6/17/2014

Name of companies covered by this Certification: Contel Pennsylvania

I, Timothy Smith, certify that I am an officer of the reporting carrier and that my responsibilities include ensuring compliance with the requirements of 47 CFR 54.202(a)(2) that the carrier be able to function in emergency situations. Specifically, the reporting carrier has a reasonable amount of back-up power to ensure functionality without an external power source, is generally able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. I certify that the carrier is able to function in emergency situations as set forth in section 54.202(a)(2).

Name of signatory: Timothy Smith

Title of signatory: Region President, Pennsylvania/Delaware

Date: 6/17/2014

Name of companies covered by this Certification: Contel Pennsylvania

I, Timothy Smith, an officer of the reporting carrier, certify that the voice service rates for the Verizon entity listed above is less than two standard deviations above the applicable national average urban rate for voice service, as required in 47 C.F.R. § 54.313(a)(10).

Name of signatory: Timothy Smith

Title of signatory: Region President, Pennsylvania/Delaware

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	170201
<015> Study Area Name	VERIZON N-PA (QUAKER)
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Alan J. Buzacott
<035> Contact Telephone Number: Number of the person identified in data line <030>	2025152595 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	alan.buzacott@verizon.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.423 Completion Required
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<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	17	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 170201pa510.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 170201pa610.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> 170201pa1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

REDACTED FOR PUBLIC INSPECTION

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	170201
<015>	Study Area Name	VERIZON N-PA (QUAKER)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Alan J. Buzacott
<035>	Contact Telephone Number - Number of person identified in data line <030>	2025152595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5		
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	<input type="checkbox"/>
<114>	Report how much universal service (USF) support was received	<input type="checkbox"/>
<115>	How (USF) was used to improve service quality	<input type="checkbox"/>
<116>	How (USF) was used to improve service coverage	<input type="checkbox"/>
<117>	How (USF) was used to improve service capacity	<input type="checkbox"/>
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>

(200) Service Outage Reporting (Voice)

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	170201
<015>	Study Area Name	VERIZON N-PA (QUAKER)
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<035>	Contact Telephone Number - Number of person identified in data line <030>	2025152595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com

[illegible]

(700) Price Offerings including Voice Rate Data

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	170201
<015>	Study Area Name	VERIZON N-PA (QUAKER)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Alan J. Buzacott
<035>	Contact Telephone Number - Number of person identified in data line <030>	202512595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014

[illegible]

REDACTED FOR PUBLIC INSPECTION

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	170201
<015>	Study Area Name	VERIZON N-PA(OUAKER)
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<030>	Contact Name - Person USAC should contact regarding this data	Alan J. Buzacott
<035>	Contact Telephone Number - Number of person identified in data line <030>	2025152595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com

<810>	Reporting Carrier	Verizon North LLC
<811>	Holding Company	
<812>	Operating Company	Verizon North LLC

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	170201
<015>	Study Area Name	VERIZON N-PA (QUAKER)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Alan J. Buzacott
<035>	Contact Telephone Number - Number of person identified in data line <030>	2025152595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- | | |
|-------|--|
| <921> | Needs assessment and deployment planning with a focus on Tribal community anchor institutions. |
| <922> | Feasibility and sustainability planning; |
| <923> | Marketing services in a culturally sensitive manner; |
| <924> | Compliance with Rights of way processes |
| <925> | Compliance with Land Use permitting requirements |
| <926> | Compliance with Facilities Siting rules |
| <927> | Compliance with Environmental Review processes |
| <928> | Compliance with Cultural Preservation review processes |
| <929> | Compliance with Tribal Business and Licensing requirements. |

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	170201
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<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com

<1120> Please check this box to confirm no terrestrial backhaul
options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers
broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers**Lifeline****Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<015>	Study Area Name	VERIZON N-PA (QUAKER)
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<030>	Contact Name - Person USAC should contact regarding this data	Alan J. Buzacott
<035>	Contact Telephone Number - Number of person identified in data line <030>	2025152595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP www22.verizon.com/tariffs/

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,



<1222> Details on the number of minutes provided as part of the plan,



<1223> Additional charges for toll calls, and rates for each such plan.



(2000) Price Cap Carrier Additional Documentation**Data Collection Form**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
<2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐
☐**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

<2012> 2013 Frozen Support Certification
<2013> 2014 Frozen Support Certification
<2014> 2015 Frozen Support Certification
<2015> 2016 and future Frozen Support Certification

☐
☒
☐
☐**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

<2016> Certification Support Used to Build Broadband

☐**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

<2017> 3rd year Broadband Service Certification
<2018> 5th year Broadband Service Certification
<2019> Interim Progress Certification
<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☐
☐
☐
☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

[3000] Rate Of Return Carrier Additional Documentation**Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 170201
<015> Study Area Name VERIZON N-PA (QUAKER)
<020> Program Year 2015
<030> Contact Name - Person USAC should contact regarding this data Alan J. Buzacott
<035> Contact Telephone Number - Number of person identified in data line <030> 2025152595 ext.
<039> Contact Email Address - Email Address of person identified in data line <030> alan.buzacott@verizon.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ ☒
(Yes/No) ☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, Is your company audited?

(Yes/No) ☐ ☒

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

- (3023) Underlying information subjected to a review by an independent certified public accountant ☐

- (3024) Underlying information subjected to an officer certification. ☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

REDACTED FOR PUBLIC INSPECTION

**Certification - Reporting Carrier
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	170201
<015>	Study Area Name	VERIZON N-PA (QUAKER)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Alan J. Buzacott
<035>	Contact Telephone Number - Number of person identified in data line <030>	2025152595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: VERIZON N-PA (QUAKER)

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/26/2014

Printed name of Authorized Officer: Robert Mutzenback

Title or position of Authorized Officer: Assistant Controller

Telephone number of Authorized Officer: 9085593924 ext.

Study Area Code of Reporting Carrier: 170201

Filing Due Date for this form: 07/01/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**Certification - Agent / Carrier
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	170201
<015> Study Area Name	VERIZON N-PA (QUAKER)
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Alan J. Buzacott
<035> Contact Telephone Number - Number of person identified in data line <030>	2025152595 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(700) Price Offerings Including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 170201
<015> Study Area Name VERIZON N-PA (QUAKER)
<020> Program Year 2015
<030> Contact Name - Person USAC should contact regarding this data Alan J. Buzacott
<035> Contact Telephone Number - Number of person identified in data line <030> 2025152595 ext.
<039> Contact Email Address - Email Address of person identified in data line <030> alan.buzacott@verizon.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
PA	CHAPMAN LK		FR					
PA	KEMPTON		FR					
PA	NEWSMITHVL		FR					
PA	NEWTRIPOLI		FR					
PA	AUBURN		FR					
PA	BROOKSIDE		FR					
PA	BUFFALO		FR					
PA	FRIEDENSBG		FR					
PA	LOYALSOCK		FR					
PA	MATAMORAS		FR					
PA	MILFORD		FR					
PA	TAYLORSTN		FR					
PA	TROUT RUN		FR					
PA	BEACH LAKE		FR					
PA	DINGMAFRRY		FR					
PA	GALILEE		FR					
PA	PINE GROVE		FR					
PA	SHOHOLA		FR					

(710) Broadband Price Offerings Data Collection Form FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	170201
<015>	Study Area Name	VERIZON N-PA(QUAKER)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Alan J. Buzacott
<035>	Contact Telephone Number - Number of person identified in data line <030>	2025152595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com

[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	170201
<015>	Study Area Name	VERIZON N-PA (QUAKER)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Alan J. Buzacott
<035>	Contact Telephone Number - Number of person identified in data line <030>	2025152595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com
<810>	Reporting Carrier	Verizon North LLC
<811>	Holding Company	
<812>	Operating Company	Verizon North LLC

<813>	<a1>	<a2>	<a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
	Verizon New England Inc.	115112	Verizon
	Verizon New England Inc.	585114	Verizon
	Verizon New York Inc.	155130	Verizon
	Verizon New Jersey Inc.	165120	Verizon
	Verizon Pennsylvania LLC	175000	Verizon
	Verizon North LLC	170169	Verizon
	Verizon North LLC	170170	Verizon
	Verizon North LLC	170201	Verizon
	Verizon Maryland LLC	185030	Verizon
	Verizon Virginia LLC	195040	Verizon
	Verizon Florida LLC	210328	Verizon
	Verizon Delaware LLC	565010	Verizon
	Verizon Washington D.C. Inc.	575020	Verizon
	Verizon California Inc.	542319	Verizon
	Verizon California Inc.	542302	Verizon
	GTE Southwest d/b/a Verizon Southwest	442080	Verizon
	GTE Southwest d/b/a Verizon Southwest	442154	Verizon
	Verizon South Inc.	190233	Verizon
	Verizon South Inc.	190479	Verizon
	Verizon South Inc.	230864	Verizon
	MCImetro Access Transmission Services LLC	449007	Verizon
	RSA 7 Limited Partnership	359070	Verizon
	Iowa 8 Monona Limited Partnership	359071	Verizon

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	170201
<015>	Study Area Name	VERIZON N-PA (QUAKER)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Alan J. Buzacott
<035>	Contact Telephone Number - Number of person identified in data line <030>	2025152595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com

<810>	Reporting Carrier	Verizon North LLC
<811>	Holding Company	
<812>	Operating Company	Verizon North LLC

[illegible]

Verizon works to satisfy all service requests, but not every initiated order is ultimately fulfilled. There are occasions when broadband service cannot be installed at the requesting address location due to reasons such as distance, capacity, and equipment incompatibility. In those cases, Verizon will review whether it can provide broadband service from other access points or utilize available equipment. If Verizon's review is unsuccessful, then the order is cancelled and the customer is notified.

Date: 6/17/2014

Name of companies covered by this Certification: Quaker State

I, Timothy Smith, certify that I am an officer of each of the Verizon entities listed above and, acting as an agent of these companies. Verizon has established operating procedures designed to comply with applicable consumer protection rules. Verizon is subject to service quality requirements in many states and complies with their related duties, which, depending on the state, may include periodic performance reporting, the implementation of improvement plans and monetary payments if the reported performance does not meet applicable standards.

Name of signatory: Timothy Smith

Title of signatory: Region President, Pennsylvania/Delaware

Date: 6/17/2014

Name of companies covered by this Certification: Quaker State

I, Timothy Smith, certify that I am an officer of the reporting carrier and that my responsibilities include ensuring compliance with the requirements of 47 CFR 54.202(a)(2) that the carrier be able to function in emergency situations. Specifically, the reporting carrier has a reasonable amount of back-up power to ensure functionality without an external power source, is generally able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. I certify that the carrier is able to function in emergency situations as set forth in section 54.202(a)(2).

Name of signatory: Timothy Smith

Title of signatory: Region President, Pennsylvania/Delaware

Date: 6/17/2014

Name of companies covered by this Certification: Quaker State

I, Timothy Smith, an officer of the reporting carrier, certify that the voice service rates for the Verizon entity listed above is less than two standard deviations above the applicable national average urban rate for voice service, as required in 47 C.F.R. § 54.313(a)(10).

Name of signatory: Timothy Smith

Title of signatory: Region President, Pennsylvania/Delaware

FCC Form 481 - Carrier Annual Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0966/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	175000
<015>	Study Area Name	VERIZON PENNSYLVANIA
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Alan J. Buzacott
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2025152595 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	alan.buzacott@verizon.com

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
			(check box when complete)	
<100>	Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200>	Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<210>	<input type="checkbox"/> ← check box if no outages to report		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	0	<input type="checkbox"/>	<input type="checkbox"/>
<310>	Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	1150	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<330>	Detail on Attempts (broadband)	175000pa330.pdf (attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input type="checkbox"/>
<410>	Fixed	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<420>	Mobile	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<440>	Fixed	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
<450>	Mobile	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<510>	175000pa510.pdf (attached descriptive document)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<600>	Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<610>	175000pa610.pdf (attached descriptive document)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<700>	Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710>	Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<800>	Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000>	Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010>	175000pa1010.pdf (attach descriptive document)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1110>		(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

REDACTED FOR PUBLIC INSPECTION

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 175000
<015> Study Area Name VERIZON PENNSYLVANIA
<020> Program Year 2015
<030> Contact Name - Person USAC should contact regarding this data Alan J. Buzacott
<035> Contact Telephone Number - Number of person identified in data line <030> 2025152595 ext.
<039> Contact Email Address - Email Address of person identified in data line <030> alan.buzacott@verizon.com

<110> Has your company received its ETC certification from the FCC? (yes / no) ☐ ☒
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5
<111> year plan" filed with the FCC? (yes / no) ☐ ☐

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets
<114> Report how much universal service (USF) support was received
<115> How (USF) was used to improve service quality
<116> How (USF) was used to improve service coverage
<117> How (USF) was used to improve service capacity
<118> Provide an explanation of network improvement targets not met in the prior calendar year.